

RECEIVED  
CENTRAL FAX CENTER

APR 27 2006

## TELECOPIER COVER SHEET

April 27, 2006

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner: Joy Patel Art Unit: 3766</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Filing of Amendment and Request for Reconsideration</b>  <b>App. No.: 10/802,462 Filing Date: 03/16/2004 Docket No.: A04P1025 Confirmation No.: 4009</b>	<b>Number of pages being sent:</b> <u>10</u> (including cover page)

**PLEASE DELIVER TO EXAMINER JOY PATEL, Art Unit 3766.**  
**Thank you.**

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicants:</b>	Yougandh Chitre	<b>Confirmation No.:</b>	4009
<b>Serial No.:</b>	10/802,462	<b>Examiner:</b>	Joy Patel
<b>Filed:</b>	03/16/2004	<b>Art Unit:</b>	3766
<b>Docket No.:</b>	A04P1025		
<b>For:</b>	CONSTRUCTION OF A MEDICAL ELECTRICAL LEAD		

**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

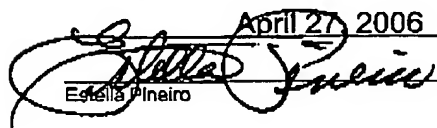
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration
- ☒ Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office on

 April 27, 2006  
Estelle Pineiro Date 4/27/06

**PATENT**

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	14	20	2	X \$ 50	\$ 100
B	INDEPENDENT CLAIMS FEE**	2	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

☒ Charge Deposit Account No. **16-0068** the amount of **\$0\*\*** A copy of this letter is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

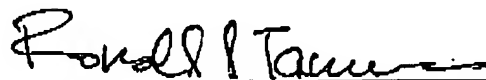
☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 4/27/06



Ronald S. Tamura  
Reg. No. 43,179  
Attorney for Applicants  
818-493-3157

**CUSTOMER NUMBER: 36802**

RECEIVED  
CENTRAL FAX CENTER

004

APR 27 2006

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Yougandh Chitre	Confirmation No.:	4009
Serial No.:	10/802,462	Examiner:	Joy Patel
Filed:	03/16/2004	Art Unit:	3766
Docket No.:	A04P1025		
For:	CONSTRUCTION OF A MEDICAL ELECTRICAL LEAD		

AMENDMENT AND REQUEST FOR RECONSIDERATION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office  
on:

April 27, 2006

Estelle Pinciro

Date

Dear Sir:

In response to the Final Office Action dated January 31, 2006, please amend the  
above-identified patent application as follows: